

TRANSMITTAL FORM

Application Serial Number	10/808,213
Filing Date	March 23, 2004
First Named Inventor	Dennis M. TREU
Group Art Unit	3772
Examiner Name	Patricia Bianco
Attorney Docket No.	53951-127
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Petition for Extension of Time (1 month)	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS

Direct all correspondence to: PATENT ADMINISTRATOR
 Proskauer Rose LLP
 1001 Pennsylvania Ave., N.W.
 Suite 400
 Washington, D.C. 20004
 Tel. No.: (202) 416-6800
 Fax No.: (202) 416-6899
 CUSTOMER NO: 61263

SIGNATURE BLOCK

Date: February 20, 2007
 Reg. No.: 38,720
 Tel. No.: (202) 416-6800
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Respectfully submitted,

 Mark A. Catan
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 1001 Pennsylvania Ave., N.W.
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 Washington, D.C. 20004

FEET TRANSMITTAL
FY 2006

Complete if Known	
Application Serial No.	10/808,213
Filing Date	March 23, 2004
First Named Inventor	Dennis M. TREU
Group No.	3772
Examiner Name	Patricia Bianco
Confirmation No.	3937

METHOD OF PAYMENT

Payment Enclosed:
 Check Money Order Other

The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840

Required Fees (copy of this sheet enclosed)
 Additional fee required under 37 CFR 1.16 and 1.17.
 Overpayment Credit

Applicant claims small entity status.

FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL

2. EXCESS CLAIM FEES

	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100

Total Claims

Extra Claims

Fee Paid (\$)

- 20 or HP = x \$ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee Paid (\$)

- 3 or HP = x \$ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	

2. TOTAL:

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100=	0	/50= round up to a whole number	x	= 0.00

3. TOTAL:

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FEES CALCULATION (continued)

4. ADDITIONAL FEES

Large Entity	Small Entity	Fee (\$)	Fee Description	Fee Paid
		130	65 Surcharge - late filing fee or oath	
		50	25 Surcharge - late provisional filing fee or cover sheet	
		130	130 Non-English specification	
		2,520	2,520 Request for ex parte re-examination	
		120	60 Extension for reply within 1 st mo.	60.00
		450	225 Extension for reply within 2 nd mo.	
		1,020	510 Extension for reply within 3 rd mo.	
		1,590	795 Extension for reply within 4 th mo.	
		2,160	1,080 Extension for reply within 5 th mo.	
		500	250 Notice of Appeal	
		500	250 Filing a brief in support of an appeal	
		1,000	500 Request for oral hearing	
		400	0 Petitions to the Director	
		180	180 Submission of IDS	
		790	395 Filing a submission after final rejection (37 CFR 1.129(a))	
		790	395 For each additional invention to be examined (37 CFR 1.129(b))	
		100	100 Certificate of Correction for applicant's error	
		130	65 Submission of Terminal Disclaimer	
				65.00
	Other fee (Specify)			
	Other fee (Specify)			
			4. TOTAL:	\$125.00

TOTAL AMOUNT SUBMITTED

(\$125.00)

SIGNATURE BLOCK

Respectfully submitted,


Mark A. Catan

Attorney for the Applicant(s)

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